



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
RETIREE RETURN TO WORK FOR AN
ASRS EMPLOYER (A.R.S. §§ 38-766 & 38.766.01)

PLEASE PRINT

COMPLETE AND SEND TO:
ASRS Financial Services
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-2017
www.azasrs.gov

Disclosure of a member's Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

To be completed by the ASRS retiree **and approved by** his/her employer's payroll or human resources manager. The employer is responsible for keeping the form on file and providing a copy to the ASRS.

SECTION 1 – Member Information (PLEASE PRINT)			
Social Security Number	Member Name (Last)	(First)	(Middle Initial)
SECTION 2 – Retirement Status Check the section that applies to you, provide your retirement date and attach a copy of your ASRS retirement letter.			
<input type="checkbox"/> NORMAL RETIREMENT I retired with the ASRS on _____ (MM/DD/YYYY) and was at normal retirement.			
<input type="checkbox"/> EARLY RETIREMENT I retired with the ASRS on _____ (MM/DD/YYYY) and was an early retiree. Note: Early retirees do not qualify for the 12-month waiting rule exception; normal retirement must have been reached.			
SECTION 3 – Statements of Understanding and Agreement By my signature below, I understand and agree to the following:			
<ul style="list-style-type: none">• Normal retirement means retiring at age 65, age 62 with 10 years of service credit, or with 80 points.• If I am engaged to work or actually work 20 or more hours a week for 20 or more weeks in a fiscal year (20/20 eligibility criteria), (1) my ASRS pension and health insurance benefits will be suspended, (2) I will be required to repay any benefits received after I met the 20/20 criteria, (3) I will be required to re-enter actively contributing status, and (4) if I obtained normal retirement, a new 12-month waiting period will be required when I terminate employment and re-retire. <i>See exceptions below:</i><ul style="list-style-type: none">○ EXCEPTION #1: If 12 months have elapsed since my termination of employment and I have reached normal retirement, I may return to employment that meets the 20/20 eligibility criteria and continue to receive pension and health insurance benefits. (1) ASRS retirement contributions will not be withheld from my paycheck, (2) I will not accrue service credit or be eligible for long term disability benefits, (3) the employment period will not be eligible to purchase, and (4) this election is irrevocable for the duration of my employment with this employer.○ EXCEPTION #2: If I terminate employment and retire, I may return to employment that meets the 20/20 eligibility criteria and continue to receive pension and health insurance benefits if (1) my new position is a true change in position, job duties and job title from the position I occupied prior to my ASRS retirement, (2) my new position does not require participation in the ASRS, and (3) participation in another state retirement system (CORP, PSPRS, ORP or EORP) is either required or permitted and I elected to participate, or I waived EORP coverage.• I must notify my employer in writing within 30 days of returning to work. If my retirement or employment status changes I must notify the ASRS.• Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.			
Retired Member Signature		Date	
SECTION 4 – Employer Information and Signature (To be completed by Employer.)			
Employer Name		Employer Phone Number ()	
Retiree Position Title	Number of Hours per Week	Length of Assignment	Retiree Return to Work Hire Date (MM/DD/YYYY)
Employer Payroll or HR Manager Name (Print)		Employer Payroll or HR Manager Signature	Date

Return to Work for an ASRS Employer

